

To: All Providers

Re: ICD-9 Diagnosis Codes

The ICD-9 diagnosis codes entered on a claim must be listed to the highest number of digits possible (3, 4, or 5 digits). This has been Medicaid's policy for many years but it has not been monitored systematically. Effective for claims processed on March 1, 2005, Medicaid will begin validating the diagnosis code to the highest subdivision.

ICD-9 diagnosis codes that are not to the highest subdivision will be rejected. Do not use the decimal point in the diagnosis code field. If you have verified the diagnosis code in the 2005 ICD-9-CM book and feel your claim has denied in error, please report your findings to Betty Payne, 334-353-5148.